Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

	W /											
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	
TOTAL CLAIMS			(Column 1)		(Column 2)			TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS			29.					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		9		,	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			7 minus 3 =		* 4			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT					.110		1	.000	
* 1	the difference	in column 1 is	less than ze	ero, entei	r "0" in d	column 2	ļ	+140=		OR	+280=	
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	THAN
	•	(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENTA		CLAIMS		HIGH		1		ADDI-	1 1	-		
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	JLTIPLE DEPENDENT		CLAIM	1				lŬŬ	-		
				-				+140=		OR	+280=	
	4							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						_
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM		╽┟			Un		
	·						L	+140=		OR	+280=	
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)		•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=-	l	X42=			X84=	
	FIRST PRESE	ILTIPLE DEPENDENT		CLAIM			772-		OR	∧04= ————		
* If the entry in column 1 is 1, so than the entry in column 2, write 502 in column 2										OR	+280=	
* If the entry in column 1 is I ss than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
•	riar i righest Nur The "Highest Nurr	mber Pr viously Pa ber Pr viously Pai	aid For" IN THI d For" (Total or	S SPACE is Independe	s less tha ent) is the	n 3, enter "3." highest number		.	ropriat box			